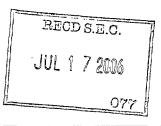
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY										
Prefix	Prefix Serial										
		<u> </u>									
	DATE RECEIVED										
	l										

		s an amendment and name								
		Rule 504 Rule 5			JULOE	1 16800 6808 6000 80				
Type of Filing:										
Type of Filing:	New Filing									
1. Enter the informati	on requested about		BASIC IDENTIFI	CATIONDAIA		060	42608			
		s an amendment and nam	e has changed, and i	ndicate change.)		•				
PEROT ASSOCIA										
Address of Executive		(No. and Street, City,	State, Zip Code)		Telephone Nu	mber (Includin	g Area Code)			
2300 West Plano P	arkway, Plano, T	Texas 75075	• •			972) 535-190	0			
Address of Principal I	. ,	(No. and Street, City,	State, Zip Code)	Telephone N	lumber (Including Ar	ca Code)				
Brief Description of E							······			
Investment Partnershi	р									
Type of Business Org	anization									
corporation		\boxtimes	limited partners	hip, already formed			other (please specify):			
business trust			limited partners	hip, to be formed						
Actual or Estimated Date of Incorporation or Organization: Month Year										
GENERAL INSTRUCTION	NS									
	aking an offering of securi	ties in relinnee on an exemption o	ander Regulation D or Section	on 4(6), 17 CFR 230.501 et	seq. or 15 U.S.C. 77d(6).					
When To File: A notice must received by the SEC at the ad	t be filed no later than 15 : ldress given below or, if re	days after the first sale of securit ceived at that address offer the da	ies in the offering. A notic te on which it is due, on the	e is deemed filed with the l date it was mailed by Unite	U.S. Securities and Exchanged States registered or certifi	e Commission (SE) ed mail to that addre	C) on the earlier of the date it is sss.			
		ion, 450 Fifth Street, N.W., Wash	-							
Capies Required: Five (5) co signatures.	pics of this notice must be	filed with the SEC, one of which	must be manually signed.	Any copies not manually s	igned must be photocopies	of the manually sign	ed copy or bear typed or printed			
Information Required: A new	v filing must contain all it previously supplied in Pa	oformation requested. Amendments A and B. Part E and the Appe	ints need only report the na ndix need not be filed with	une of the issuer and offeri the SEC.	ng, any changes thereto, the	e information reque	ated in Part C. and any material			
Filing Fee: There is no federa	al filing fee.									
must file a separate notice wi	th the Securities Administ	niform Limited Offering Exemption in each state where sales are filed in the appropriate states in a	to be, or have been made.	If a state requires the paym The Appendix to the notice of	ent of a fee as a precondition	n to the claim for th	e exemption, a fee in the proper			
the appropria	ite federal not the filing of a f		in a loss of a	an available sta	ate exemption (uniess suci				
Potential persons who are to	respond to the collection .	of information contained in this,	form are not required to re-	spand unless the form dispi	lays a currently valid OMB	control number.				



SEC 1972 (2-97)

			A. BASIC IDENTII	FICATION DATA		
2. En	nter the information r	equested for the fo	llowing:			
X E			has been organized within the to vote or dispose, or direct th	past five years; e vote or disposition of, 10% o	r more of a class of	of equity securities of the
				e general and managing partne	rs of partnership is	ssuers; and
	ch general and mana Box(cs) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	ime (Last name first, HILL AIR COM	PANY I, LLC d/I	b/a/ PEROT INVESTMENT	'S INC. L.P., General Partner		
Busine		ress (Number and S Parkway, Plano,	Street, City, State, Zip Code) Texas 75075			
Check	Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full No	ime (Lust name first, PEROT MANA		C, Manager of General Par	tner		
Busine	ss or Residence Add		Street, City, State, Zip Code)			
	Box(cs) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Na	me (Last name first, PEROT G.P., IN	if individual) C., Class A Gener	ral Partner			
Busine		ress (Number and S Parkway, Plano,	Street, City, State, Zip Code)			
Check	Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full No	ime (Last name first,		The state of			
Busine	ss or Residence Add	L., President of G ress (Number and S Parkway, Plano,	Street, City, State, Zip Code)			
Check	Box(es) that Apply:		☐ Beneficial Owner	⊠ Executive Officer	Director	General and/or Managing Partner
		l, Chief Operating	Officer of General Partner			
Busine		ress (Number and S Parkway, Plano,	Street, City, State, Zip Code) Texas 75075			
Check	Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full No	ime (Last name first,	if individual)				
Busine	ss or Residence Add	ress (Number and S	Street, City, State, Zip Code)			
Check l	Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full No	me (Last name first,	if individual)				
Busines	ss or Residence Add	ress (Number and S	Street, City, State, Zip Code)			

						В. П	FORM	IATIO	N ABC	UT O	FERI	ΝG			
1. H	las the iss	suer sold			er intend so in Ap							ng?	Yes	No ⊠	
2. V	2. What is the minimum investment that will be accepted from any individual?											\$ 30,000.00			
3. D	Does the offering permit joint ownership of a single unit:										Ycs ⊠	No □			
ir o ro (5	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full N	Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)															
Name	of Assoc	iated Br	oker or I	Dealer		· . ·							******		
	in Which														
(Check [AL]		ites" or ([AZ]	heck in: [AR]	dividual [CA]	States).	[CT]	[DE]	[DC]	[FL]	[GA]	(HI]	[ID]		All States	
[IL]	[N]	[iA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[HN]	[נא]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	(TX)	נעדן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	ame (Las	t name f	irst, if ir	ndividua	l)		· · · · · · · · · · · · · · · · · · ·		······································						
Busino	ess or Res	sidence .	Address	(Numbe	r and St	rect, Cit	y, State,	Zip Co	de)		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Name	of Assoc	iated Br	oker or I	Denler					· · · · · · · · · · · · · · · · · · ·	·······	·				
	in Which														
														All States	
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)		•	
(IL) [MT]	[NE]	[IA] [NV]	[KS] [NH]	[KY] [נא]	[LA] [NM]	[ME]	[MD] [NC]	[MA] [ND]	[MI]	[MN]	[MS] [OR]	[MO] [PA]		•	
[RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	ame (Las	t name (īrst, if ir	dividua	1)					*****					
Busino	ess or Res	idence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)	··········	···				
Name	of Assoc	iated Br	oker or I	Dealer		·					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
States	in Which	Person	Listed H	Inc Solie	ited or I	ntende L	o Splicit	Durcha	corc						
											• • • • • • • • • • • • • • • • • • • •			All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[נא]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
(RI)	[SC]	[SD]	[NT]	[TX]	[דט]	[TV]	[VA]	[WA]	[WV]	[wi]	[WY]	[PR]			
													•		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt _____ Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... n Partnership Interests..... \$ 130,000.00 130,000,00 Other (Specify _____)..... n Total \$ 130,000.00 130,000.00 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases 130,000.00 Accredited Investors 0 Non-accredited Investors 0 Total (for filings under Rule 504 only) N/A N/A Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505. N/A N/A Regulation A N/A N/A Rule 504. N/A N/A N/A N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this o be gi estim

offering. Exclude amounts relating solely to organization expenses of the issuer. The information may ven as subject to future contingencies. If the amount of an expenditure is not known, furnish an late and check the box to the left of the estimate.				
Transfer Agent's Fees		\$	0	
Printing and Engraving Costs		S	0	
Legal Fees	図	\$	5,000	
Accounting Fees		\$	0	
Engineering Fees		\$	D	
Sales Commissions (specify finder's fees separately)		\$	0	
Other Expenses (identify)		\$	0	
Total	\boxtimes	\$	5,000	

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above. Payments to Officers,
each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above. Payments to
Payments to
Directors, & Payments To Affiliates Others
Salaries and fees \$
Purchase of real estate
Purchase, rental or leasing and installation of machinery and equipment
Construction or leasing of plant buildings and facilities
Acquisition of other businesses (including the value of securities involved in this offering that
may be used in exchange for the assets or securities of another issuer pursuant to a merger) \(\) \(\) \(\) \(\)
Repayment of indebtedness
Working capital \$ \$
Other (specify) (investments)
Column Totals
Total Payments Listed (column totals added)\$ 125,000.00
D. FEDERAL SIGNATURE
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.
Issuer (Print or Type) Signature Date
Perot Associates, L.P. July 1 3, 2006
Name of Signer (Print or Type) Title of Signer (Print or Type)
David Radunsky Chief Operating Officer of Perot Management G.P., LLC, Manager of Hill Air Company I, LLC, d/b/a Perot Investments, Inc.
ATTENTION
ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

		E. STATE SIGNATURE									
1.	rule?										
	See Appendix	x, Column 5, for state response.									
2.	. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written t	request, information fu	mished by the	issuer to						
4.		ssuer is familiar with the conditions that must be so which this notice is filed and understands that the at these conditions have been satisfied.									
	e issuer has read this notification and knows the lersigned duly authorized person.	he contents to be true and has duly caused this not	ice to be signed on its	behalf by the							
İssı	uer (Print or Type)	Signature	Date								
Per	ot Associates, L.P.	parens/	July <u>13</u> 2006								
Nai	me of Signer (Print or Type)	Title of Signer (Print or Type)									
Da	vid Radunsky	Chief Operating Officer of Perot Management G.P., LLC, Manager of Hill Air Company I, LLC, d/b/a Perot Investments, Inc.									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4			5
	non-actinvestors (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
AL				· · · · · · · · · · · · · · · · · · ·				
AK								
AZ								
AR			,					
CA								
СО								
СТ								
DE								
DC								
FL								
GA								
HI								
ID								
IL		No	Limited Partnership Interests \$100,00.00	2	\$100,000.00	0	\$0	No
IN			·					
IA								
KS								
KY								
LA								
ме								
MD								
MA								
Mi								
MN								

APPENDIX

1		2	3		4			5			
	non-ac investor (Pa	to sell to credited s in State rt B- rn 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс с	Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and amount purchased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount				
MS											
мо											
MT											
NE											
NV											
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
ок											
OR											
PA											
RI											
SC											
SD							<u>. </u>				
TN											
TX		No	Limited Partnership Interests \$30,000.00	1	\$30,000.00	0	\$0	No			
UT											
VT											
VA											
WA											

APPENDIX

1		2	3		5			
	non-ac investor (Pa	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C-ltem 1)	Турс	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
WV								
WI								
WY								
PR								